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Redmond, WA 98052-6399
United States of Americawww.microsoft.com
Phone: (425) 882-8080
Fax: (425) 708-5046
Telex: 160520 Mst Bvue

To:	USPTO - Mail Stop Amendment	From:	Carole A. Boelitz
Company:		Bldg/Room:	21/1168
CC:		Phone Number:	(425) 722-6035
Phone Number:		Date & Time Sent:	10-21-05
Fax Number:	(571) 273-8300	No. of Pages:	18

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Applicant: Microsoft Corporation
First Named Inventor: Drucker
Serial No.: 09/195,728
Filing Date: November 18, 1998
Title: VIEW DEPENDENT TILED TEXTURES

Attorney Docket No.: 112375.01
Examiner: Ryan R. Yang
Group Art Unit: 2672
Confirmation No.: 4618

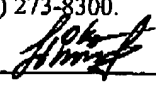
Attached please find the following documents submitted in connection with the above-identified patent application:

- General Filing Transmittal (in duplicate)
- Fee Transmittal (in duplicate)
- Response to Interview Summary (13 pages)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/195,728
	Filing Date	November 18, 1998
	First Named Inventor	Steven M. Drucker
	Group Art Unit	2672
	Examiner Name	Ryan R. Yang
<input type="checkbox"/> Sent via Express Mail Label No.:	Attorney Docket Number	112375.01

ENCLOSURES (check all that apply)		
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Date October 21, 2005	Signature  Printed Name Carole A. Boelitz

SIGNATURE OF ATTORNEY OR AGENT			
Signature		Reg. No.	48,958
Name of Attorney or Agent		Carole A. Boelitz	
Date	10/21/05	Tel.	(425) 722-6035
Assignee Name:		Facsimile No.	(425) 708-5046
		MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052	
Customer Number:		22971	

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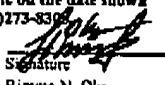
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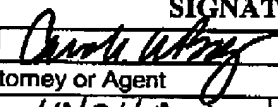
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Effective on 12/08/04 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known																																
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		Attorney Docket No.	112375.01																															
TOTAL AMOUNT OF PAYMENT (\$) 0.00		Express Mail Label No.	N/A																															
METHOD OF PAYMENT (check all that apply)																																		
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																		
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0463 Deposit Account Name: MICROSOFT CORPORATION																																		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																																		
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																																		
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FEE CALCULATION																																		
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																		
	FILING FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> </tr> </tbody> </table>		Application Type	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	Design	200	100	Plant	200	100	Reissue	300	150	Provisional	200	100	SEARCH FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>250</td> </tr> <tr> <td>100</td> <td>50</td> </tr> <tr> <td>300</td> <td>150</td> </tr> <tr> <td>500</td> <td>250</td> </tr> <tr> <td>0</td> <td>0</td> </tr> </tbody> </table>		Fee (\$)	Small Entity Fee (\$)	500	250	100	50	300	150	500	250	0	0
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	EXAMINATION FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>100</td> </tr> <tr> <td>130</td> <td>65</td> </tr> <tr> <td>160</td> <td>80</td> </tr> <tr> <td>600</td> <td>300</td> </tr> <tr> <td>0</td> <td>0</td> </tr> </tbody> </table>		Fee (\$)	Small Entity Fee (\$)	200	100	130	65	160	80	600	300	0	0	Fees Paid (\$) 0																			
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130	65																																	
160	80																																	
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2. EXCESS CLAIM FEES																																		
Fee Description		Small Entity Fee (\$)																																
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50																																
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200																																
Multiple dependent claims		360																																
Total Claims 41 - 42 or HP = 0 x 50 = 0		Multiple Dependent Claims Fee (\$): 0 Fee Paid (\$): 0																																
HP = highest number of total claims paid for, if greater than 20 Indep. Claims 7 - 7 or HP = 0 x 200 = 0		Fee (\$): 0 Fee Paid (\$): 0																																
HP = highest number of independent claims paid for, if greater than 3																																		
3. APPLICATION SIZE FEE																																		
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																		
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Number of each additional 50 or fraction thereof		Fee (\$) 250																																
(round up to a whole) number x		Fee Paid (\$) 0																																
4. OTHER FEE(S)																																		
Non-English Specification, \$130 fee (no small entity discount)		Fee Paid (\$) 0																																
Other:		Fee Paid (\$) 0																																
SUBMITTED BY																																		
Signature	<i>Carole A. Boelitz</i>	Registration No. (Attorney/Agent)	48,958																															
Name (Print/Type)	Carole A. Boelitz	Telephone	(425) 722-6035																															
		Date	10/21/05																															

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number		09/195,728	
		Filing Date		November 18, 1998	
		First Named Inventor		Steven M. Drucker	
		Group Art Unit		2672	
		Examiner Name		Ryan R. Yang	
<input type="checkbox"/> Sent via Express Mail Label No.:		Attorney Docket Number		112375.01	

ENCLOSURES (check all that apply)		
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---	--	---

SIGNATURE OF ATTORNEY OR AGENT			
Signature		Reg. No.	48,958
Name of Attorney or Agent		Carole A. Boelitz	
Date	10/21/05	Tel.	(425) 722-6035
		Facsimile No.	(425) 708-5046
Assignee Name:		MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052	
Customer Number:		22971	

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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/195,728
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	November 18, 1998
METHOD OF PAYMENT (check all that apply)		First Named Inventor	Steven M. Drucker
		Examiner Name	Ryan R. Yang
		Art Unit	2672
		Attorney Docket No.	112375.01
		Express Mail Label No.	N/A

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
41 - 42 or HP = 0	x 50	= 0		0	0	
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
7 - 7 or HP = 0	x 200	= 0				
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 = 0	/ 50 = 0	(round up to a whole) number x 250	=	0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other:

SUBMITTED BY			
Signature	<i>Carole A. Boalitz</i>	Registration No. (Attorney/Agent)	48,958
Name (Print/Type)	Carole A. Boalitz	Telephone	(425) 722-6035
		Date	10/21/05

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First Named Inventor: Steven M. Drucker
Application No.: 09/195,728
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Title: VIEW DEPENDENT TILED TEXTURES

Attorney Docket No.: 112375.01
Group Art Unit: 2672
Examiner: Ryan R. Yang
Confirmation Number: 4618

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Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Response

Sir:

In response to the Interview Summary mailed September 22, 2005, Applicant provides the following response:

Listing of the Claims are reflected in the listing of claims that begins on page 2 of this amendment.

Remarks begin on page 11 of this amendment.

Type of Response: Response
Application Number: 09/195,728
Attorney Docket Number: 112375.01
Filing Date: 11/18/1998

1/13